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CONFIRMATION NO. 9566

<b>SERIAL NUMBER</b> 10/573,302	<b>FILING OR 371(c) DATE</b> 09/07/2006 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> L&C UMB 710 US	
<b>APPLICANTS</b> Gad Alon, Rockville, MD; Mark S. Hopkins, Baltimore, MD;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/22715 06/30/2004 which claims benefit of 60/504,430 09/22/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/12/2006					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 31856					
<b>TITLE</b> Lower leg orthosis					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		